

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

61

County

Township

City

(No.

Registration District No.

Primary Registration District No.

23710

File No.

Registered No.

St.

Ward)

2. FULL NAME

(a) Residence, No.

St.,

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Thomas Anderson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Jan 23 - 1855

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

78

5

14

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

Housekeeper

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

FATHER

13. NAME

John R. Morrow

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

MOTHER

15. MAIDEN NAME

Elizabeth Horner

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Ohio

17. INFORMANT
(ADDRESS)F. J. Anderson,
Brookfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Mount Auburn

DATE

July 9

1933

19. UNDERTAKER
(ADDRESS)D. S. Christy
La Platte, Mo.

20. FILED

July 9, 1933

C. H. Buckner
Register

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 7

1933

22. I HEREBY CERTIFY That I attended deceased from

Jan 30

1931

to

July 7

1933

I last saw her alive on May 29, 1933 Death is said

to have occurred on the date stated above, at 10 P. M.

The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis.

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

H. O. Newton

M. D.

(Address)

La Platte, Mo.

